

Work Order ID 89324

89324

Page 1

August-24-12 1:08:49 PM

Item ID: D3295-041 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Floor Window
 Start Date: 8/20/12 Start Qty: 10.00 ***10*** Cust Item ID:
 Required Date: 9/07/12 Req'd Qty: 10.00 ***10*** Customer:
 Reference:

Approvals: Process Plan: MLJ Date: 12/08/12 Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr | Revision Nbr | | | | | (12) | | | |
| D3295 | Rev D | | | | | | | | |
| 100 | FLOW WATER JET | 0.00 | | | | | | | |
| *100* | | | | | | | | | B12-8-30 |
| Waterjet | Memo | 0.00 | | | | | | | |
| FLOW CNC Waterjet | 1-Cut as per Dwg D3295 Dwg Rev: <u>D</u> Prog Rev: <u>D</u> 2- Remove plastic and wrap in saran wrap. 2-Deburr if necessary | | | | | | | | |
| 110 | QC2- Inspect parts off machine FAI/FAIB | 0.00 | | | | | | | |
| *110* | | | | | | | | | B12-8-30 |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |
| 120 | QC8- Inspect parts - second check | 0.00 | | | | | | | |
| *120* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

Smb. / DAS 16 2-83 1262/31

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
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| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|--|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/> | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | |

FAULT CATEGORY

| | | | | |
|---|---|---|--|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|---|---|---|--|---|

Work Order ID 89324

August-24-12 1:08:49 PM

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Page 2

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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|----------------------------------|--|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130 *130* Small Fab | Small Fab | 0.00 | | | | 12x | | | 12/09/06 |
| Small Fab | Memo | 0.00 | | | | | | | |
| Small Fab | Assemble as per Dwg D3295. Put window in plastic wrap. | | | | | | | | |
| 140 *140* QC | QC5- Inspect part completeness to step on W/O | 0.00 | | | | 12x | | | |
| Quality Control | Memo | 0.00 | | | | | | | |
| 150 *150* Packaging | Identify as per dwg & Stock Location <u>212</u> | 0.00 | | | | | | | |
| Packaging | Memo | 0.00 | | | | | | | |

DAS
16
8-09

12x/Sh 12/9/07

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
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| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| Landing Gear | General | Other |
|---|---|--|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Bend | <input type="checkbox"/> Grain |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Hardware |
| <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete |
| <input type="checkbox"/> Crushed/Crimped | <input type="checkbox"/> Burrs | <input type="checkbox"/> Instructions Incomplete/Unclear |
| <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Countersink | <input type="checkbox"/> Mislabeled |
| <input type="checkbox"/> Inspection Strip in Tube | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Misread |
| <input type="checkbox"/> Ripples in Bend | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Offset |
| <input type="checkbox"/> Torque Waves in Extrusion | <input type="checkbox"/> Drawing | <input type="checkbox"/> Out of Calibration |
| <input type="checkbox"/> Turning Sequence | <input type="checkbox"/> Finish | <input type="checkbox"/> Out of Sequence |
| <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Folio | <input type="checkbox"/> Outside Dimensions |
| | | <input type="checkbox"/> Ovalized |
| | | <input type="checkbox"/> Over/Under tolerance |
| | | <input type="checkbox"/> Part Incorrect |
| | | <input type="checkbox"/> Part Lost/Missing |
| | | <input type="checkbox"/> Part Moved |
| | | <input type="checkbox"/> Positioned Wrong |
| | | <input type="checkbox"/> Power Loss/Surge |
| | | <input type="checkbox"/> Pressure/Forced |
| | | <input type="checkbox"/> Temperature/Cure |
| | | <input type="checkbox"/> Weld |
| | | <input type="checkbox"/> Wrong Stock Pulled |
| | | <input type="checkbox"/> Other |

Work Order ID 89324

August-24-12 1:08:49 PM

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Page 3

Item ID: D3295-041 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Floor Window
 Start Date: 8/20/12 Start Qty: 10.00 ***10*** Cust Item ID:
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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 160 | QC21- Final Inspection - Work Order Release | 0.00 | | | | | | | |
| *160* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

12/9/11 *[Signature]*
MF
 12-09-07

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | | | | | | | | |
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| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
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| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|--|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/> | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | |

FAULT CATEGORY

| | | |
|--|---|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions |
| | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge |
| | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |

Picklist Print

August-24-12 1:08:49 PM

Page 1

Work Order ID: 89324

Parent Item: D3295-041

Parent Item Name: Floor Window

Start Date: 8/20/12

Required Date: 9/07/12

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP C05.06.20D3295-1 no longer made in-houseKJ/JLM
IPP Rev:D Added DT8822 07-03-20 JLM
IPP Rev:E Returned Manufacturing In House 07-06-26 JLM

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|--|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| MLEXS.125-9034-01 1/8" 9034 Lexan Sheet | | Purchased | No | | | 140 | sf | 178.0500 | 1.24 | 13.052632 | | 8/2-8-32 | |

| <u>Location</u> | <u>Loc Qty</u> | <u>Loc Code</u> |
|-----------------|----------------|-----------------|
| MAT019 | 178.05 | |
| 117273 | 106.9 | |
| 119591 | 71.15 | |

119591

12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

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| | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Skid-tube <input type="checkbox"/></td> <td style="width: 33%;">Crosstube <input type="checkbox"/></td> <td style="width: 33%;">Water Jet <input type="checkbox"/></td> <td style="width: 33%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
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| Equip/Tooling <input type="checkbox"/> | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | |
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| Training <input type="checkbox"/> | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | |

FAULT CATEGORY

| | | | |
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|--|---|---|---|

| | | | |
|-----------------------|--------|--------------|-------|
| DART AEROSPACE LTD | | Work Order: | 89324 |
| Description: Window | | Part Number: | D3295 |
| Inspection Dwg: D3295 | Rev: D | Page 1 of 1 | |

FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

| Drawing Dimension | Tolerance | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|---------------|------------------|--------|--------|----------------------|----------|
| Ø0.156 | +0.005/-0.001 | .158 | 2 | | V B2 | |
| 17.13 | +/-0.030 | 17.13 | ✓ | | T B01 | |
| 10.43 | +/-0.030 | 10.43 | ✓ | | T | |
| 14.35 | +/-0.030 | 14.35 | ✓ | | T | |
| 8.98 | +/-0.030 | 8.98 | ✓ | | T | |
| 0.625 | +/-0.010 | .625 | ✓ | | V | |
| 7.109 | +/-0.010 | 7.109 | ✓ | | T | |
| 15.845 | +/-0.010 | 15.845 | ✓ | | T | |
| 2.308 | +/-0.010 | 2.308 | ✓ | | T | |
| 5.420 | +/-0.010 | 5.420 | ✓ | | T | |
| 9.402 | +/-0.010 | 9.402 | ✓ | | T | |
| 1.312 | +/-0.010 | 1.312 | ✓ | | T | |
| 6.260 | +/-0.010 | 6.260 | ✓ | | T | |
| 12.520 | +/-0.010 | 12.520 | ✓ | | T | |
| 0.313 | +/-0.010 | .313 | ✓ | | V | |
| 3.750 | +/-0.010 | 3.750 | ✓ | | T | |
| 8.150 | +/-0.010 | 8.150 | ✓ | | T | |
| 9.006 | +/-0.010 | 9.006 | ✓ | | T | |
| 0.125 | +/-0.010 | .118 | 2 | | ✓ | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|-----------------|-----------------|---------------------|-----|
| Measured by: RB | Audited by: JMB | Prototype Approval: | N/A |
| Date: 12-8-30 | Date: 12-8-31 | Date: | N/A |

| Rev | Date | Change | Revised by | Approved |
|-----|----------|-------------------------|------------|----------|
| A | 07.11.23 | New Issue P/O D3295-041 | KJ/EC/DD | DA |

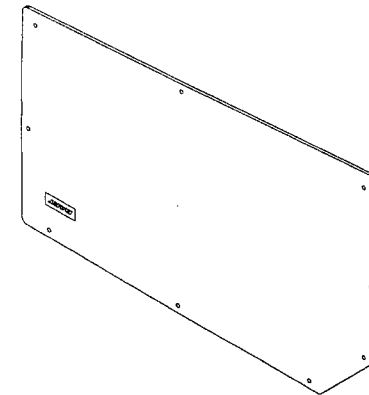
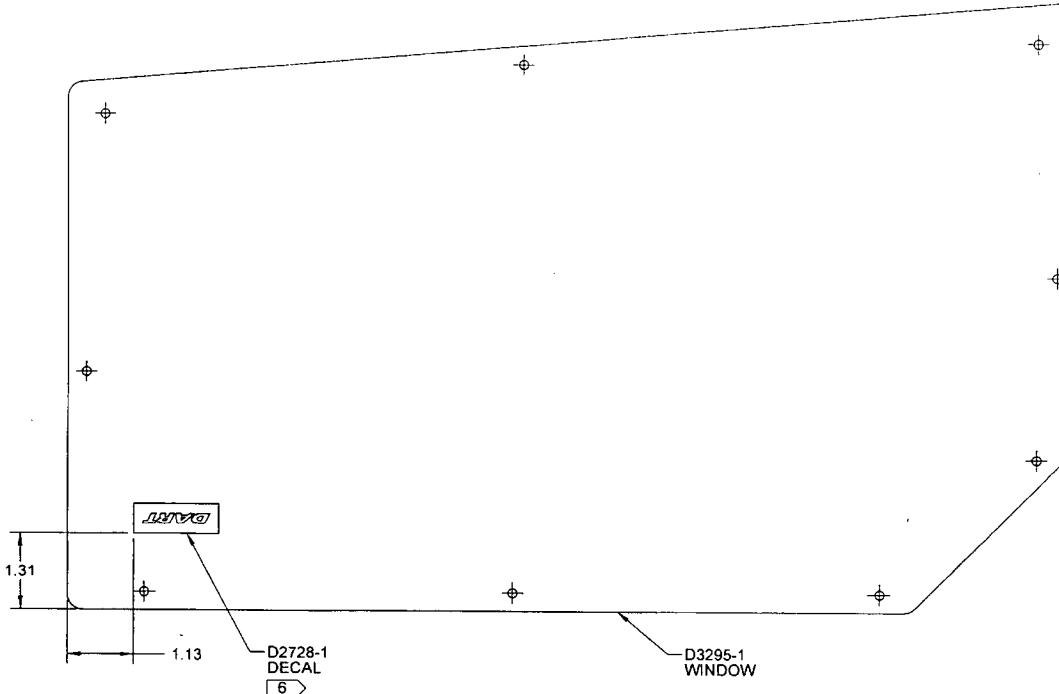
8 7 6 5 4 3 2 1

D

C

B

A



SHOW CHANGES
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 89324 MJS

12/08/27

RELEASED
07.11.14

D3295-041 PARTS LIST

| | P/N | DESCRIPTION |
|---|-----------|--------------|
| X | D3295-041 | FLOOR WINDOW |
| 1 | D3295-1 | WINDOW |
| 1 | D2728-1 | DECAL |

D3295-041 FLOOR WINDOW

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) N/A
- 6) ENSURE SURFACE IS FREE OF DIRT/GREASE PRIOR TO APPLICATION OF SELF-ADHESIVE DECAL
- 7) WEIGHT: 0.87 lbs

| | | | |
|------------|--|---|--------------|
| D | REVISE MATERIAL TO LEXAN 9034 FROM POLYCAST ACRYLIC SHEET, ZONE A8 SH 2 ADD MISSING DIMENSION PER NCR 247, ZONE C3 SH 2 REFORMAT DRAWING | MP | 07.11.07 |
| C | CHANGE TEMPLATE # TO DT8822 | SSH | 07.02.21 |
| B | UPDATE MATERIAL PER NCR 029 | CP | 06.04.13 |
| A | NEW ISSUE | CP | 04.06.28 |
| REV. | DESCRIPTION | BY | DATE |
| DESIGN | CP | DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA | |
| DRAWN | MP | | |
| CHECKED | UC | DRAWING NO. | REV. D |
| MFG. APPR. | UC | D3295 | SHEET 1 OF 2 |
| APPROVED | UC | TITLE | SCALE |
| DE APPR. | UC | FLOOR WINDOW | |
| DATE | 07.11.07 | COPYRIGHT © 2004 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD | |

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